

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                  |
|------------------------|------------------|
| Application Number     | 10/814,475       |
| Filing Date            | March 30, 2004   |
| First Named Inventor   | SUZUKI, Hiroshi  |
| Art Unit               | 2185             |
| Examiner Name          | Samuel A. Dillon |
| Attorney Docket Number | 16869N-111600US  |

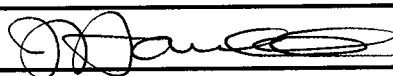
**ENCLOSURES (Check all that apply)**

- |   |  |  |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|--|--|

Remarks


The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP  |          |        |
| Signature    |  |          |        |
| Printed name | John J. Farrell   |          |        |
| Date         | September 19, 2007  | Reg. No. | 57,291 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being filed via EFS-Web with the United States Patent and Trademark Office on the date shown below.

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| Signature             |  |      |                    |
| Typed or printed name | Jocelyn A. Eskow  | Date | September 19, 2007 |